

CAHPS® 3.0H Child Commercial (non CCC Measurement Set)
Member-Level Data File Layout

Table 1: Header Record Description

Variable Description	Field Position	Value Labels
Measurement Year	1-4	2005
Data File Type	5-6	CM = Child Member
NCQA Healthcare Organization ID	7-10	Enter the Organization ID supplied for this plan by NCQA for the organization name indicated below
Healthcare Organization Name	11-70	Enter organization name supplied by health plan (60 characters)
Product Line	71	1 = Commercial
Product	72	1 = HMO 2 = POS 4 = HMO/POS Combined 5 = Other ¹ 8 = Fee For Service ²
NCQA Submission ID	73-80	Enter the Submission ID supplied for this plan by NCQA
NCQA Special Purpose ID 1	81-88	NCQA will supply Special Purpose ID number if necessary
NCQA Special Purpose ID 2	89-96	NCQA will supply Special Purpose ID number if necessary
Vendor Organization Name	97-126	(30 characters)
Vendor Contact First Name	127-136	(10 characters)
Vendor Contact Last Name	137-166	(30 characters)
Vendor Contact Phone Number	167-178	xxx xxx-xxxx
Survey Methodology	179	1 = Standard HEDIS Mail-only methodology 2 = Standard HEDIS Mixed methodology 3 = Pre-approved alternative survey methodology (Mail-only methodology) 4 = Pre-approved alternative survey methodology (Mixed methodology) 5 = Pre-approved enhanced survey methodology (Mail-only methodology) 6 = Pre-approved enhanced survey methodology (Mixed methodology) 7 = Pre-approved Standard Internet Protocol Enhancement (Mail-only methodology) 8 = Pre-approved Standard Internet Protocol Enhancement (Mixed methodology)
Sample Frame Size	180-187	Total number of members included in the sample frame received from the health plan

¹ NCQA will process submissions coded with this value and will calculate results. However, results are not eligible for reporting as HEDIS.

² NCQA will process submissions coded with this value and will calculate results. However, results are not eligible for reporting as HEDIS.

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Variable Description	Field Position	Value Labels
Eligible Population Size	188-195	The total number of MCO members who meet the <i>Eligible Population</i> criteria for the measure (provided by MCO in sample frame data file)
Total enrollment as of the date the sample frame is generated ³	196-204	The total number of MCO members enrolled in the health plan (total number of covered lives) as of the date the sample frame is generated. The vendor obtains this variable from the health plan.
Did the MCO oversample? Oversampling rationale.	205	1 = Yes, the MCO oversampled in order to eliminate disenrollees at a later date 2 = Yes, the MCO oversampled in order to achieve a higher number of complete surveys 3 = Yes, the MCO oversampled to eliminate disenrollees AND to achieve a higher number of complete surveys 4 = No, the MCO did not oversample
Oversampling Rate	206-208	005, 010, 015, 020, 025, or 030 (code as 000 if MCO did not oversample) Oversampling rates larger than 30% must be pre-approved by NCQA and must be in increments of 5%.
Final Sample Size	209-212	Enter the Final Sample Size (FSS). For MCOs that do not oversample the FSS is generally equal to the Required Sample Size (RSS). For MCOs that oversample the FSS is generally equal to the RSS + Oversample. NCQA provides a list of valid FSSs in HEDIS Volume 3. Vendors may only deviate from the valid FSSs if an MCO does not have enough eligible members to use a valid FSS.
Final Sample Size Discrepancy Flag	213	1 = FSS is a valid FSS as described in HEDIS Volume 3. 2 = FSS is not a valid FSS. The MCO did not have enough eligible members to use a valid FSS. 3 = FSS is not a valid FSS. The submission is a <i>combined</i> submission. The vendor generated the combined submission from two or more sets of HEDIS survey results collected by the MCO.

³ This variable is not required for NCQA submissions.

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Variable Description	Field Position	Value Labels
Total Response Rate	214-221	Num(8.6) (x.xxxxxx; 8 spaces total, 6 decimal places) <u>Definition:</u> Response Rate = Completed Interviews / (Entire Random Sample – Ineligibles) <u>Formula:</u> Response Rate = (M10 + T10 + I10) / (Final Sample Size – (M20 + T20 + M21 + T21 + I21 + M22 + T22))
Number of Supplemental Questions Added by the Vendor	222-223	Indicate number of questions added, zero fill if less than 10
Vendor Special Purpose ID 1	224-231	Vendors may use this field for their own purpose
Vendor Special Purpose ID 2	232-239	Vendors may use this field for their own purpose

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Table 2: Member-Level Record Description

Variable Description	Field Position	Value Labels	CAHPS Composite/ Case Mix
Record ID	1-4	Unique record ID	
Disposition of Survey	5-7	M10, T10 or I10 = complete and valid survey M20 or T20 = ineligible: deceased M21, T21 or I21 = ineligible: does not meet <i>Eligible Population</i> criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M31, T31 or I31 = non-response: break-off (member provided some responses but the survey does not meet criteria for “complete”) M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts Where: M = mail; T = telephone; I = Internet	
Survey Round	8-9	M1 = first mailing M2 = second mailing M3 = third mailing M4 = fourth mailing T1 = first telephone attempt T2 = second telephone attempt T3 = third telephone attempt MT = partially completed by mail and converted to complete by telephone I1 = completed via Internet IT = partially completed via Internet and converted to complete by telephone NC = not completed (use for members with disposition codes NOT equal to M10, T10 or I10)	
Survey Language	10	1 = English 2 = Spanish 3 = Not applicable (use for members with disposition codes NOT equal to M10, T10, I10, M31, T31, or I31)	

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Variable Description	Field Position	Value Labels	CAHPS Composite/ Case Mix
Member Gender	11	1 = Male 2 = Female 9 = Missing	
Member Year of Birth ⁴	12-15	yyyy = Year of Birth 9999 = Missing	
City of Member ⁵	16-45	(30 characters)	
State of Member	46-47	Two character state abbreviation (e.g., AL)	
9-digit Zip Code ⁶	48-56	9 digits (no hyphen)	
Did the MCO provide an address for this member in the sample frame?	57	1 = Yes 2 = No	
Did the MCO provide a phone number for this member in the sample frame?	58	1 = Yes 2 = No (For blank or non-dialable numbers, code 2)	
1. Our records show that your child is now in {Health Plan Name}. Is that right?	59	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
3. How many months or years <u>in a row</u> has your child been in this health plan?	60	1 = Less than 1 year 2 = At least 1 year but less than 2 years 3 = At least 2 years but less than 5 years 4 = 5 or more years 8 = Multiple mark 9 = Missing	
4. A <u>personal doctor or nurse</u> is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.	61	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	

⁴ The survey vendor must include this variable in the submission. However, effective with HEDIS 2005, this variable will be stripped from the validated member-level data file that is returned to the survey vendor and MCO.

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⁶ This variable is not required for NCQA submissions. The vendor may include this variable in the submission and it will be stripped from the validated member-level data file that is returned to the survey vendor and MCO.

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Variable Description	Field Position	Value Labels	CAHPS Composite/ Case Mix
5. Using <u>any number from 0 to 10</u> , where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?	62-63	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	Doctor Rating Item
6. Did your child have the same personal doctor or nurse <u>before</u> he or she joined this health plan?	64	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
7. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?	65	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item
8. In the last 12 months, did your child's personal doctor or nurse talk with you <u>about how your child is feeling, growing or behaving?</u>	66	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
9. <u>Specialists</u> are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 12 months, did you or a doctor think your child needed to see a specialist?	67	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
10. In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?	68	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item
11. In the last 12 months, did your child see a specialist?	69	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	

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12. We want to know your rating of the <u>specialist your child saw most often</u> in the last 12 months. Using <u>any number from 0 to 10</u> , where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	70-71	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	
13. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor?	72	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
14. In the last 12 months, did you call a doctor's office or clinic <u>during regular office hours</u> to get help or advice <u>for your child</u> ?	73	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
15. In the last 12 months, when you called during regular office hours, how often did you <u>get</u> the help or advice you <u>needed</u> for your child?	74	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item
16. In the last 12 months, did your child have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?	75	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
17. In the last 12 months, when your child <u>needed care right away</u> for an illness, injury, or condition, how often did your child get care as soon as you wanted?	76	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item

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HEDIS 1			
18. In the last 12 months, when your child <u>needed care right away</u> for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?	77-78	01 = Same day 02 = 1 day 03 = 2 days 04 = 3 days 05 = 4-7 days 06 = 8-14 days 07 = 15 days or longer 77 = Appropriately skipped 88 = Multiple mark 99 = Missing <i>Enter blank or space if question not asked</i>	
19. A <u>health provider</u> could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 12 months, not counting the times you needed health care right away, did you make any <u>appointments</u> for your child with a doctor or other health provider for health care?	79	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
20. In the last 12 months, not counting the times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?	80	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item
HEDIS 2			
21. In the last 12 months, not counting the times you needed health care right away, how many <u>days</u> did your child usually have to wait between making an <u>appointment</u> and actually <u>seeing a provider</u> ?	81-82	01 = Same day 02 = 1 day 03 = 2- 3 days 04 = 4-7 days 05 = 8-14 days 06= 15-30 days 07 = 31 days or longer 77 = Appropriately skipped 88 = Multiple mark 99 = Missing <i>Enter blank or space if question not asked</i>	

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22. In the last 12 months, how many times did your child go to an <u>emergency room</u> ?	83	0 = None 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more 8 = Multiple mark 9 = Missing	
23. In the last 12 months (not counting the times your child went to an emergency room), how many times did your child go to a <u>doctor's office or clinic</u> ?	84	0 = None 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more 8 = Multiple mark 9 = Missing	
24. In the last 12 months, did you or a doctor believe your child needed any care, tests, or treatment?	85	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple Mark 9 = Missing	
25. In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	86	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item
26. In the last 12 months, did you need approval from your child's health plan for any care, tests, or treatment?	87	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
27. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?	88	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Needed Care Composite Item

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28. In the last 12 months, how often was your child taken to the exam room <u>within 15 minutes</u> of his or her appointment?	89	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Getting Care Quickly Composite Item
29. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with <u>courtesy and respect</u> ?	90	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Courteous & Helpful Office Staff Composite Item
30. In the last 12 months, how often were office staff at your child's doctor's office or clinic as <u>helpful</u> as you thought they should be?	91	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Courteous & Helpful Office Staff Composite Item
31. In the last 12 months, how often did your child's doctors or other health providers <u>listen carefully to you</u> ?	92	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
32. In the last 12 months, how often did your child's doctors or other health providers <u>explain things</u> in a way you could understand?	93	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
33. In the last 12 months, how often did your child's doctors or other health providers show <u>respect for what you had to say</u> ?	94	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
34. Is your child <u>able to talk</u> with doctors about his or her health care?	95	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	

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35. In the last 12 months, how often did doctors or other health providers <u>explain things</u> in a way <u>your child</u> could understand?	96	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
36. In the last 12 months, how often did doctors or other health providers <u>spend enough time</u> with your child?	97	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Doctors Who Communicate Well Composite Item
37. Using <u>any number from 0 to 10</u> , where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 12 months?	98-99	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	Health Care Rating Item
HEDIS 3			
38. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for your child. In the last 12 months, did you or anyone else <u>send in any claims</u> to your child's health plan?	100	1 = Yes 2 = No 3 = Don't know 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	
HEDIS 4			
39. In the last 12 months, how often did the health plan handle your child's claims <u>in a reasonable time</u> ?	101	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't Know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	

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Variable Description	Field Position	Value Labels	CAHPS Composite/ Case Mix
HEDIS 5			
40. In the last 12 months, how often did the health plan handle your child's claims <u>correctly</u> ?	102	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't Know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	
41. In the last 12 months, before your child went for care, how often did the health plan <u>make it clear how much you would have to pay</u> ?	103	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't Know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	
42. In the last 12 months, did you look for any <u>information</u> about how your child's health plan works <u>in written materials or on the Internet</u> ?	104	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
43. In the last 12 months, how much of a problem, if any, was it to find or understand this information?	105	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Customer Service Composite Item
44. In the last 12 months, did you call the health plan's <u>customer service</u> to get information or help for your child?	106	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
45. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?	107	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	Customer Service Composite Item
HEDIS 7			
46. In the last 12 months, have you called or written your child's health plan with a complaint or problem?	108	1 = Yes 2 = No 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	

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Variable Description	Field Position	Value Labels	CAHPS Composite/ Case Mix
HEDIS 8			
47. How long did it take for your child's health plan to <u>resolve</u> your complaint?	109	1 = Same Day 2 = 2-7 days 3 = 8-14 days 4 = 15-21 days 5 = More than 21 days 6 = I am still waiting for it to be settled 7 = Appropriately skipped 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	
HEDIS 9			
48. Was your <u>complaint or problem</u> settled to your satisfaction?	110	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	
HEDIS 10			
49. How long have you been waiting for your child's health plan to <u>resolve</u> your complaint?	111	1 = 1-7 days 2 = 8-14 days 3 = 15-21 days 4 = More than 21 days 7 = Appropriately skipped 8 = Multiple mark 9 = Missing <i>Enter blank or space if question not asked</i>	
50. In the last 12 months, did you have to fill out any paperwork for your child's health plan?	112	1 = Yes 2 = No 8 = Multiple Mark 9 = Missing	
51. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?	113	1 = A big problem 2 = A small problem 3 = Not a problem 7 = Appropriately skipped 8 = Multiple Mark 9 = Missing	Customer Service Composite Item

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52. Using <u>any number from 0 to 10</u> , where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	114-115	00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 88 = Multiple mark 99 = Missing	Health Plan Rating
53. In general, how would you rate <u>your child's overall health</u> now?	116	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	Case Mix Item
54. What is <u>your child's</u> age now?	117-118	00 = Less than 1 year old Enter reported age if one year or older, zero fill if less than 10 88 = Multiple mark 99 = Missing	Case Mix Item
55. Is your child male or female?	119	1 = Male 2 = Female 8 = Multiple mark 9 = Multiple mark	Case Mix Item
56. Is your child of Hispanic or Latino origin or descent?	120	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 8 = Multiple mark 9 = Missing	

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57. What is your child's race? Please mark one or more.	121	0 = Respondent did not check "White" 1 = Respondent checked "White"	Case Mix Item
	122	0 = Respondent did not check "Black or African-American" 1 = Respondent checked "Black or African-American"	Case Mix Item
	123	0 = Respondent did not check "Asian" 1 = Respondent checked "Asian"	Case Mix Item
	124	0 = Respondent did not check "Native Hawaiian or other Pacific Islander" 1 = Respondent checked "Native Hawaiian or other Pacific Islander"	Case Mix Item
	125	0 = Respondent did not check "American Indian or Alaska Native" 1 = Respondent checked "American Indian or Alaska Native"	Case Mix Item
	126	0 = Respondent did not check "Other" 1 = Respondent checked "Other"	Case Mix Item
58. What is <u>your</u> age now?	127	0 = Under 18 1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older 8 = Multiple mark 9 = Missing	Case Mix Item
59. Are you male or female?	128	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	Case Mix Item
60. What is the highest grade or level of school that you have <u>completed</u> ?	129	1 = 8 th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 8 = Multiple mark 9 = Missing	Case Mix Item

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61. How are you related to the policyholder?	130	1 = I am the policyholder 2 = Spouse or partner of the policyholder 3 = Child of the policyholder 4 = Other family member 5 = Friend 6 = Someone else 8 = Multiple mark 9 = Missing	
62. How are you related to the child?	131	1 = Mother or father 2 = Grandparent 3 = Aunt or uncle 4 = Older brother or sister 5 = Other relative 6 = Legal guardian 8 = Multiple mark 9 = Missing	
63. Did someone help you complete this survey?	132	1 = Yes 2 = No 7 = Appropriately skipped (This value is valid only for surveys conducted by the phone) 8 = Multiple mark 9 = Missing	

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64. How did that person help you? Check all that apply.	133	0 = Respondent did not check “Read the questions to me” 1 = Respondent checked “Read questions to me” 7 = Appropriately skipped	
	134	0 = Respondent did not check “Wrote down the answers I gave” 1 = Respondent checked “Wrote down the answers I gave” 7 = Appropriately skipped	
	135	0 = Respondent did not check “Answered the questions for me” 1 = Respondent checked “Answered the questions for me” 7 = Appropriately skipped	
	136	0 = Respondent did not check “Translated the questions into my language” 1 = Respondent checked “Translated the questions into my language” 7 = Appropriately skipped	
	137	0 = Respondent did not check “Helped in some other way” 1 = Respondent checked “Helped in some other way” 7 = Appropriately skipped	